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FAX NUMBER: (206) 583-8500 SWITCHBOARD: (206) 583-8888

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FORM PTO-1083

Perkins Coie LLP P.O. Box 1247 Seattle, Washington 98111-1247 Phone (206) 583-8888 Fax (206) 583-8500

Docket No.:

108298604US

Date:

November 5, 2001

In re application of: Ted Daniels Application No.:

09/420,787

Confirmation No.: 3297

Filed:

October 19, 1999

For:

PORTABLE INPUT DEVICE FOR COMPUTER

COMMISSIONER FOR PATENTS

WASHINGTON DC 20231

Sir:

Transmitted herewith is a Response Under 37 C.F.R. § 1.111 in the above-identified application.

Applicant claims small entity status. See 37 CFR 1.27.

Applicant has previously claimed small entity status. See 37 CFR 1.27.

A Petition for an Extension of Time for month is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

No additional claim fee is required.

The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)	SMA	LL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITION
TOTAL	* 46		** 44	2	x 9	\$		x 18	\$ 3
INID.	6		3	3	x 42	s		x 84	\$ 25
[] FI	RST PRESE	NTATIC	ON OF MI	Л.Т. DEP.	+140	\$	OR	+280	S
EXTENSIO	N OF TIME	FEE				\$			\$
TOTAL AI	DITIONAL	FEL	10.75 30 30 30	·		\$	TOTA	AL.	\$ 28

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Please charge my Deposit Account No. 50-0665 in the amount of \$ 288. A duplicate copy of this sheet is enclosed. A check in the amount of \$\sis \text{ is attached.}

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1, 17.

Respectfully submitted, PERKINS COIE LLP

John M. Wechkin

Registration No. 42,216

If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. write "3" in this space,

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.